

A Message from
Illinois Attorney General
LISA MADIGAN



As an Illinois consumer, you are entitled to a wide variety of health care rights and protections. Because these rights vary depending on the type of health insurance you have, it is important that you know which rights apply to your plan.

This brochure contains information regarding the rights and protections afforded to consumers with managed care plans. For specific information regarding your insurance, please refer to your plan's Certificate of Benefits or Summary Plan Description.

Knowledge is power. The more you know about your rights, the more likely you are to get the care and benefits to which you are entitled. If you feel your rights have been violated, please contact my office's Health Care Helpline at 1-877-305-5145 (TTY: 1-800-964-3013) to file a complaint.

Lisa Madigan
Lisa Madigan
Attorney General

The following is a summary of the primary rights that consumers who are enrolled in managed care plans are entitled to receive based on federal and Illinois law. This list is not all-inclusive and certain exceptions and qualifications may apply.

NOTE: If your managed care plan is provided through an employer, additional protections under ERISA will apply.

Illinois Managed Care Reform and Patient Rights Act

215 ILCS 134/1 et. seq.

- Right to receive detailed information about HMO coverage.
- Right to receive coverage for emergency services when a “prudent person” would reasonably believe that the condition is serious enough to require emergency medical attention.
- Right to apply for a standing referral from a primary care physician when the consumer has a condition that requires ongoing care from a specialist.
- Right to appeal service denial decisions made by the consumer's HMO.

Consolidated Omnibus Budget Reconciliation Act (COBRA)

29 U.S.C. §1161, Illinois Continuation Laws 215 ILCS 5/367e, 215 ILCS 5/367.2, 215 ILCS 5/367.2-5

- Former employees, retirees, spouses, and dependent children are entitled to continue employer-sponsored health benefits at group rates for a limited period of time if benefits are lost because of a qualifying event.



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

Health Care
Hotline
1-877-305-5145
TTY: 1-800-964-3013

Health Care Bureau
100 West Randolph Street
12th Floor
Chicago, Illinois 60601

Phone: 312-814-2009
Fax: 312-793-0802

www.IllinoisAttorneyGeneral.gov

Printed by authority of the State of Illinois. 01/07, 10M,0988
This material is available in alternate format upon request.

**Your
Patient Rights
In A
Managed
Care Plan**



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

Emergency Medical Treatment and Active Labor Act (EMTALA)

42 U.S.C. §1395dd

- Right to receive a medical screening by a hospital emergency room.
- Right to be treated and stabilized in the emergency room of a hospital if you have an emergency medical condition.

Health Insurance Portability and Accountability Act (HIPAA)

- Limited exclusion periods and increased portability when changing jobs. *42 U.S.C. §300gg*
- Access to individual coverage through Illinois Comprehensive Health Insurance Plan (ICHIP) if you lose your employer's plan and have no other plan available. *42 U.S.C. §300gg-41*
- Right to see and receive a copy of your medical record. *45 C.F.R. §164.524*

Illinois Prompt Pay Law

215 ILCS 5/368a

- Right to have your medical bill paid promptly by your insurer.

Small Employer Health Insurance Rating Act

215 ILCS 93/25

- If you are employed by a small business, prohibits significant premium and premium rate increases based on the claims experience of the employees or other factors.

Illinois Women's and Newborns' Rights

- Requires coverage of outpatient

contraceptive services and outpatient

contraceptive drugs and devices approved by the Food and Drug Administration. *215 ILCS 5/356.4; 215 ILCS 125/5-3*

- Requires coverage for a routine mammogram at the same rate as a diagnostic x-ray for women 35 years old or older. *215 ILCS 5/356g; 215 ILCS 125/4-6.1*

- Waives deductibles and co-payments for medical treatment related to sexual assault. *215 ILCS 5/356; 215 ILCS 125/4-4*

- Requires coverage for the diagnosis and treatment of infertility. *215 ILCS 5/356m; 215 ILCS 125/5-3*

- Requires benefits for newborns of a covered insured member from the moment of birth. *215 ILCS 5/356; 215 ILCS 125/4-8*

- Requires coverage for removal of breast implants when such removal is medically necessary treatment for sickness or injury. *215 ILCS 5/356p; 215 ILCS 125/4-6.2*

- Requires coverage for: (1) a baseline mammogram for women ages 35 to 39 and (2) an annual mammogram for women age 40 or older. *215 ILCS 5/356g; 215 ILCS 125/4-6.1*

- Requires coverage for inpatient hospital stay following a mastectomy for a length of time the attending physician determines is medically necessary. *215 ILCS 5/356; 215 ILCS 125/4-6.1*

- Requires coverage for prosthetic devices or reconstructive surgery related to a mastectomy. *215 ILCS 5/356g(b); 215 ILCS 125/4-6.1*

- Requires coverage for surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer. *215 ILCS 5/356u; 215 ILCS 125/4-6.5*

- Requires coverage for an annual cervical smear or pap smear for females. *215 ILCS 5/356u; 215 ILCS 125/4-6.5*

Mandated Benefits

- Requires coverage for treatment, diagnosis, and detoxification related to alcoholism. *50 Ill. Admin. Code 5421.130 (i)*

- Requires coverage for any drug that has been prescribed for the treatment of cancer, even if the drug has not been approved for that specific type of cancer by the FDA, if your policy provides prescription drug benefits. *215 ILCS 5/370; 215 ILCS 125/4-6.3*

- Requires coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer. *215 ILCS 5/356; 215 ILCS 125/5-3*

- Requires coverage for anesthesia and other charges incurred in conjunction with dental care provided in a hospital or ambulatory surgical treatment center under certain circumstances. *215 ILCS 5/356 .2; 215 ILCS 125/5-3*

- Requires coverage for diabetes outpatient self-management training and education related materials and certain equipment and supplies. *215 ILCS 5/356; 215 ILCS 125/5-3*

- Requires coverage for ten (10) days of inpatient mental health care and twenty (20) days of individual outpatient mental health care visits per year. *50 Ill. Admin. Code 5421.130(h)*

- Set guidelines under which experimental or investigational organ transplantation procedures can be denied. *215 ILCS 5/367(13); 215 ILCS 125/4-5*

- Requires coverage for medically necessary bone mass measurement and the diagnosis and treatment of osteoporosis. *215 ILCS 5/356.6; 215 ILCS 125/5-3*

- Requires coverage of prescription inhalants for persons with asthma or other life-threatening bronchial ailments. *215 ILCS 5/356.4; 215 ILCS 125/5-3*

- Requires coverage of preventative health services including a health evaluation program and immunizations. *50 Ill. Adm. Code 5421.130(g)*

- Requires coverage for an annual digital rectal examination and a prostate specific antigen test for male insureds upon recommendation by a physician. *215 ILCS 5/356u; 215 ILCS 125/4-6.5*

Fair Patient Billing Act Illinois Public Law

94-0885

- Right to assess the accuracy of your bill.

- Right to receive information regarding the hospital's financial assistance policies.

- Right to receive information about the opportunity to enter into a reasonable payment plan or qualify for financial assistance.

- Right to receive notice of out-of-network providers.
- Right to request an itemized bill.